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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  
**FEE TRANSMITTAL**  
For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ ) 0

**Complete if Known**

Application Number	10/840,129
Filing Date	05/05/2004
First Named Inventor	Raymond Heidel
Examiner Name	To Be Assigned
Art Unit	3653
Attorney Docket No.	41286.00036

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 07-1853 Deposit Account Name: Squire, Sanders & Dempsey

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description

	Small Entity
Each claim over 20 (including Reissues)	50 25
Each independent claim over 3 (including Reissues)	200 100
Multiple dependent claims	360 180

Total Claims    Extra Claims    Fee (\$)    Fee Paid (\$)

5 - 20 or HP = 0 x 0 = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims    Extra Claims    Fee (\$)    Fee Paid (\$)

4 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3.

Small Entity  
Fee (\$)    Fee (\$)

Multiple Dependent Claims  
Fee (\$)    Fee Paid (\$)

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets    Extra Sheets    Number of each additional 50 or fraction thereof    Fee (\$)    Fee Paid (\$)

\_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

Fees Paid (\$)

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

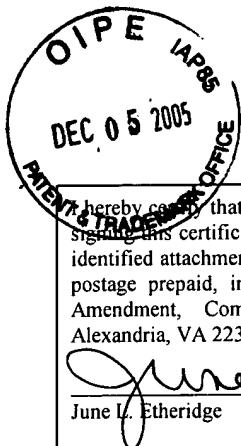
Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

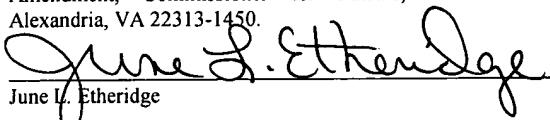
Signature		Registration No. 32,394 (Attorney/Agent)	Telephone (213) 689-6565
Name (Print/Type)	David B. Abel		Date November 29, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



I hereby certify that on November 29 2005, which is the date I am signing this certificate, I am depositing this correspondence and all identified attachments with the U.S. Postal Service, first class mail, postage prepaid, in an envelope addressed to the Mail Stop - Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
June L. Etheridge

## PATENT

Applicant: Raymond Heidel  
Serial No.: 10/840,129

Filed: May 5, 2004

Title: Note Acceptor-Dispenser Validator

Examiner: Not Yet Assigned

Group Art Unit: 3653

Attorney Docket No.: 41286-00036

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

### AMENDMENT IN RESPONSE TO THE OFFICE ACTION DATED AUGUST 29, 2005

Mail Stop - Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action August 29, 2005, Applicant hereby submits the following amendments and responses to the Examiner's action.

**Qualifications to the Claims** begin on page 2.

**Remarks** begin on page 5 of this paper.